MAY 2 2 2006

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| | | OW, GARRI | ETT & D | UNNER Sta ado tra: | ereby certify that the test Postal Service values of the Mainsmitted to the USP | is Fee(s) To with sufficient Stop ISSI TO (571) 2 | ransmittal is being int postage for fir UE FEE address 73-2885, on the c | inistion g deposited with the United st class mail in an envelope above, or being facsimile late indicated below. | |
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| APPLICATION NO. | FILING DATE | FIRST NAMED INV | | | R | ATTORNEY DOCKET NO. | | CONFIRMATION NO. | |
| 10/773,308 | 10/773,308 02/09/2004 | | | Ronald D. Adams | | | 06530.0294-01 6647 | | |
| TITLE OF INVENTION: DEVICE FOR PERFORMING ENDOLUMINAL FUNDOPLICATION | | | | | | | | | |
| | | | | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FI | SSUE FEE | | ICATION FEE | TOTAL | FEE(S) DUE | DATE DUE | |
| nonprovisional | NO NO | \$1400 | | | \$300 | \$1700 | | 05/23/2006 | |
| • | | ART UNIT | | CLAS | S-SUBCLASS | 1 | • | | |
| EXAMINER DANIES OF STREET | | L | | <u> </u> | 06-153000 | J | | • | |
| DAWSON, GLENN K 3731 1. Change of correspondence address or indication of "Fee Address" (37 2. For pr | | | | | | ct | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The end of the correspondence address indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Finnegan Henderson Farabow Garrett & Dunner, L.L.P. | | | | | | |
| Number is required | | | | | <u> </u> | | ··· | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for | | | | | | | | | |
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| Scimed Life Systems, Inc. Maple Grove, MN | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💆 Corporation or other private group entity 🔲 Government | | | | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s) Issue Fee 4c. Payment of Fee(s) | | | | | nt of the fee(s) is er | closed. | | | |
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| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | | | |
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| Authorized Signature | Uni 1 | Dooble | | | Date 01 FC: | May | - 19,200 | 26 | |
| Typed or printed name Leslie I. Bookoff | | | | | 02 FC: Registration | 1504 | 38,084 | 1460.00 OP 300.00 OP | |
| This collection of information an application. Confidentiali | on is required by 37 CFR 1.3 ty is governed by 35 U.S.C. | 11. The information 122 and 37 CFR | n is required | to obtain or ollection is e | retain a benefit by stimated to take 12 | the public w | hich is to file (an complete, includi | d by the USPTO to process) ng gathering, preparing, and | |

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